

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006398

1312

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149
FILED MAR 15 1963

Primary Registration District No.

1002

Registrar's No.

VS 300
Rev. 4/59

1
23 438

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 91-3

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
12 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **3121 Main St. - Apt. 8**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS **Barclay Hotel** (If outside, give location)
1010 East 27th. St. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **JOHN**

Middle **FRANKLIN**

Last **BURRIS JR.** 4. DATE OF DEATH
Month **2** Day **25** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-18-10

9. AGE (last birthday)

52

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Orderly

10b. KIND OF BUSINESS OR INDUSTRY

Saint Lukes Hosp.

11. BIRTHPLACE (City and state or country)

Marceline, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Franklin Burris Sr.

13b. MOTHER'S MAIDEN NAME

Clara Ercilla Sinclair

14. NAME OF HUSBAND OR WIFE

Doris Dean Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of
No

16. SOCIAL SECURITY NO.

4

17. INFORMANT

Mrs. Doris D. Burris

Address

K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ruth H. Owens

22b. ADDRESS

152 Union Station

22c. DATE SIGNED

2-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-27-63

23c. NAME OF CEMETERY OR CREMATORY

Lewisberg Cemetery

23d. LOCATION (City, town, or county)

Humeston Wayne Co. Iowa

24. FUNERAL DIRECTOR

WEILERT FUNERAL HOMES (S) K.C., MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-27-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Simon
Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.